



WASTE MANAGEMENT

June 25, 2001

Ms. Stephanie Hohenberger
Milbank Manufacturing
1400 E. Havens
Kokomo, IN. 46901-3184

P.O. Box 9
124 Twin Bridges Rd
Danville, IN 46122
(317) 745-2878
(800) 981-0213
(317) 745-2865 Fax

Dear Ms. Hohenberger:

The special waste stream referenced below has been approved for disposal at **Oak Ridge Recycling and Disposal Facility**. Please note the following information:

Generator:	Milbank Manufacturing 1400 E. Havens Kokomo, IN 46901-3184
Waste Stream:	WWT Filter Cake
WM Identification Number:	394323
IDEM Certification Number: (if applicable)	N/A
Certification Expiration Date: (if applicable)	N/A
Manifest Required:	Industrial Waste Disposal Manifest Disposal Manifest is Attached
Landfill Notification:	24 HOUR NOTIFICATION REQUIRED

Please note the special conditions as noted by our Technical Manager:

1. **No free Liquids.**
2. **Each load must have a signed Industrial Waste Disposal Manifest.**
3. **Waste is approved under authority of IC 13-20-7-5.**

The confidence and trust you have placed in selecting Waste Management, L.L.C. to manage your disposal needs is greatly appreciated. If you have any questions or need assistance with additional waste disposal, please do not hesitate to contact the Indiana Service Center at (800) 981-0213.

Sincerely,

Sue Smith
Customer Service Representative

Attachments

cc: Becky King, Oak Ridge RDF
Harry Shetter, WM-Central

ISS/jlk

INDUSTRIAL WASTE DISPOSAL MANIFEST

Waste Notification/Profile Number 394323

Section A

GENERATOR INFORMATION

Generator Name:

Milbank Manufacturing

Technical Contact:

Ms. Stephanie Hohenberger

Waste Location:

Street Address:

1400 E. Havens

County:

Howard

City:

Kokomo

State:

IN

Zip Code:

46901-3184

Emergency Response Phone Number:

765/452.5694

Waste Name:

WWT Filter Cake

Est. Volume:

I hereby certify that the above information is true and accurate.

Name (print or type)

Signature

Date (MM/DD/YY)

Please complete Section A and provide this form to the landfill with each disposal delivery. Failure to complete and sign this form may result in delaying the acceptance of the waste at the landfill.

Section B

DISPOSAL SITE INFORMATION

Site Name: Oak Ridge

OPP Number: 09-2

Amount: _____

Authorized Signature

Date (MM/DD/YY)